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"NEC TENUI PENNA."

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SPIRITUALISM.

Spirit-rapping and its kindred phenomena are an outgrowth of mesmerism, which has a germ of truth in it by which it has been kept alive. No candid observer any longer doubts that in a peculiar state of the nervous system, which may be induced in certain individuals by passes, or by having them to fix their gaze steadily for a time upon a given object, the senses may be suspended or perverted, and the individuals made to see, taste, feel, and act as the operator directs; or, in other words, that in the condition of the brain which exists in somnambulism the mind has lost its directive force and accepts as true whatever is suggested to it. For this there is, as Sir William Hamilton long ago remarked, "a tenfold superfluous evidence;" but when the mesmerists go beyond this, and ask us to believe in the reality of clairvoyance, they offer an insult to our understandings; and equally when they would persuade us that magnetized women can read with the backs of their heads or the pits of their stomachs, or look into the lungs, brains, and hearts of the sick and describe their pathological conditions. So in spirit-writing, table-turning, and the like, there is an abnormal condition of the nervous system which exposes the subject to unwilling self-deception. He is imposed upon by his own automatic movements, as the operator with the hazel rod is deceived by his muscles every day in his search for water.

But in the great majority of cases, as practiced by spiritualists at the present day, it is simply a fraud. The performers are impostors. Not long ago the most noted of these

necromancers, Dr. Slade, was exposed in London, as others at various times have been, to the satisfaction of all men and women of sense. Dr. Flint, soon after the Fox girls of Rochester started the sensation of spirit-rapping, detected and exposed the imposture, proving beyond the possibility of a doubt that the noise was produced by a cracking in the knee-joints of the young ladies. At Philadelphia a signal exposure of the tricks of these impostors was made a little while ago; and yet the dupes multiply, notwithstanding all the proofs of dishonesty. The superstition appears to be immortal. No proof, however clear, satisfies the multitude. They close their eyes to every fact that proves the fraud. Thousands are daily defrauded of their money by these ghouls, and many are landed by them in the madhouse; but the infatuation extends. A few months ago some female medium gave out that she had been in communication with the spirit of Robert Dale Owen, and had been assured by the old philosopher that he was "*hunki*, and that heaven was a big thing!" But even such stuff as this fails to disgust the believers. A medium some years ago inquired of the spirit of Daniel Webster what he had to say for himself, now that he was in the spirit-land; to which the eloquent statesman was reported to have replied that he "had committed many errors in his life and many *mistakes* in his *dictionary*!" But it is all the same with the infected. They will not see that the answers are always on a level with the mental training of the medium, and that they have never yet revealed any thing new as to the unseen world. What is worse, when they are made to see that swindling operators

were practicing on their credulity, and even when the impostors had come out and owned the deception, they will not believe their own senses.

We state these things as constituting a psychological phenomenon. They belong to the marvels of the human understanding, if indeed understanding can be predicated of men and women who credit spiritualism.

We are rapidly approaching the one hundredth number of this journal. In four more weeks the important era will have arrived. We call attention to this interesting fact that friends of the journal who propose celebrating the event may make proper preparations. A hundred or so clubs of new subscribers would be a delicate way of tendering slight testimonials of regard, and payment of subscriptions already due would not be a wholly improper recognition on the part of admiring friends. Let not the News pass into its second hundred without some sort of gentle surprise.

THE storms of fading October blow upon the mosquito of 1877, and fan hopes that he may at length retire. History will record him upon many a bloody page as an astonishing insect. Under the tonic influence of the Indian summer he grew to frightful dimensions. For windpipe, for bill, for jaw, for stomach, for muscle, for hatred of human kind, for cheapness, for promiscuity, for escapability, no bird of the new century has yet matched him. Under his savage reign the phlebotomy of Sangrado revived, insomnia and unmeekness prevailed, and the cordon around physiological and pathological truth grew closer and closer. Hence this hymn to October gales.

MORTALITY IN THE U. S. ARMY.—In an article by General McClellan in Harper's Magazine for October, on the Army of the United States, the statement is made that

the deaths of regimental officers of the active list from 1867 to 1877 were 291, of whom 41 were killed, or one in seven; and this in times of so-called "profound peace." It is stated also that English insurance companies, which assured the lives of English officers going to the Crimea, refused in toto to take the "battle risk" upon American officers, though no war was progressing; the reason assigned being that the force of the United States Army was not adequate to the work it had to do.

Reviews.

Fruits of Philosophy. An Essay upon the Population Question. By CHARLES BRADLAUGH and MRS. ANNIE BESANT. Third new edition, with notes. London Publishing Company.

The above is the title of a pamphlet of which doubtless many NEWS readers have heard. During the last few months not a little has been said in the secular press of the stir it has created, especially in England. The church and society generally have fulminated against it, and even the strong arm of the law has struck out at it in an effort to suppress its circulation. The usual result has followed. Edition has rapidly succeeded edition, and numerous copies have found their way to us across the sea. A slow market here has been aroused by the action of the post-office department in declaring it obscene, excluding it from the mails, and putting under heavy bonds the luckless(?) news-dealer who had been circulating it.

Seeing by a daily paper that "all prominent booksellers" had it for sale, the writer procured a copy and sat down to an—unmitigated disappointment. It purports to be a practical treatise on the art of preventing conception, and coming, as it does, from the hands of a leading British radical, and a woman of some eminence among the philosophers of free thought, it was but fair to expect that if it failed to contain any thing original it at least would embody the latest

physiological facts and theories regarding the phenomena of conception. A glance at the first page of the preface at once nips such an expectation in the bud. The essay was written by Charles Knowlton, M. D., and "first published in England *about forty years ago*." The several prefaces contain statements of the persecution of the book and its projectors, and a short argument, somewhat after the style of Malthus, against overpopulation. The book proper begins with what the author calls a philosophical proem, and which the two B.'s have the discernment to find "full of philosophical mistakes"—a discernment in which they are remarkably wanting, as far as the physiological part—*i. e.* the work proper—is concerned.

Chapter I sets forth that population unrestrained will double three times in a century, and that but for vice, war, pestilence, and famine, undesirable preventives, the world would soon be over-crowded. The plan that Dr. Malthus proposed by which to check too rapid growth of the human family—namely, late marriages, etc.—is condemned as militating against the only (?) advisable form of matrimony, "love matches." To marry in the heyday of youth, ere the wiles of society and the seductive temptations of dissolute bachelordom shall have destroyed all finer feeling, is to these authors the main or only safeguard against a callous heart and specifically diseased body. (Unfortunately a very doubtful safeguard.) To put it plainly, then, their plan of social economy is for all, no matter how poor, to marry young, and then have no children until they can afford or desire them.

And now as regards the means which they offer for *preventing* conception. Chapter II begins with an elaborate description of the genital organs of the female, describes menstruation and the semen of the male. The spermatozoids are unhesitatingly pronounced animalculæ on the authority of Leeuwenhoek and Bostock. The former is also given due credit for having stated that these "animalculæ" are male and female. The statement is made a few lines further on that pregnancy

has occurred when the hymen was "entire," which is evidently intended to mean imperious and complete, for such pregnancy is accounted for by the existence (?) of absorbents (for semen) situated anterior to the hymen. Dr. Dewees is given as authority for a statement that is unqualifiedly indorsed, namely, that semen does not pass through the os uteri to impregnate the ovum; that its presence in the uterus is accidental, and, so far as conception goes, useless; and that a special system of absorbents in the vagina and labia majora take up the "animalculæ" and carry them direct to the ovaries. Next, on the authority of Bostock we are told that the old notion that both parents contribute elements to the formation of the fetus is erroneous, and that the seminal animalculæ are the proper rudiments of the fetus. The final statement in this connection is the only true one in the book. It is, that though most liable to conceive just before or just after menstruation, a woman may be impregnated at any date between the flow.

For the promotion of conception, scales from the blacksmith's anvil and cider, *pill rufi* (aloes and myrrh), cayenne, Dewees's tinct. guaiac, and Spanish flies are recommended. This last remedy is also urged as a specific for impotency.

Finally comes that part of the book for which the people are expected to pay their money, and by which over population and domestic squalor are to be prevented—the section on the means for preventing conception. A few lines will give them all. The first is for the man to withdraw before completing the act, by which means, it is said, are "kept alive those fine feelings with which married people first come together." Its effect on the health is said to be fine. Doubtless. It means simply total abstinence for the male. Next is suggested a sponge *intra vaginam* with a string tied to it—a plan which is used nowadays by prostitutes during menstruation, which otherwise would interfere with their business. But the means *par excellence* is the syringe and astringent washes; zinc, alum, nutgalls, oak-bark, *et id*

omne genus, are recommended as infallible and harmless. Indeed, it is argued that they do good even in health by cleansing the vagina.

An appendix on the "Reproductive Instinct" ends the pamphlet. In this it is stated that the sexual appetite ought not to be gratified during menstruation, as it might be productive to the man of symptoms similar to those of syphilis.

This is all—from beginning to end a tissue of errors, a barren reprint of stuff that the medical world has thrown aside for more than fifty years, an essay on prevention that does not give a solitary preventive that is reliable or that has not been tried by women of every social degree for years.

The question arises naturally here, is there any certain preventive that is at the same time feasible and harmless? I answer, no. A preventive to be thoroughly practicable and reliable must embody two things: first, it must prevent even the smallest drop of semen from touching the os uteri; and second, it must be of such a nature as will not shock the finer sensibilities of true manhood and true womanhood. Such a means may some day be discovered. If so, it will be used; and that the results of its use will be to the serious detriment of society I shall undertake further on to prove by history.

A few words here concerning the physiology of conception. I will be as concise as possible.

Semen must enter the vagina and uterus for a woman to be impregnated. She may be passive; her hymen may be unruptured; but into her uterus the semen must go. It has been demonstrated by J. R. Beck, M. D., of Fort Wayne, Ind., that when a woman experiences an orgasm the cervix uteri softens, opens, and sucks into its cavity semen along with the tenacious mucus with which the neck is bathed. Certain it is that the spermatozooids may be found there after copulation, alive and entangled in the viscid mucus; while not only have these bodies been found in the canal of the neck, but

also have they been seen in motion on the ovaries seven or eight days after connection. It is reasonable to state that at each physiological coition semen has entered the canal of the neck ere the stage of lassitude cuts short the receding erethism; entered, and become too firmly established in its new quarters to be dislodged by any of the washes in use, whose only action therefore is to cruelly irritate an exquisitely sensitive set of organs, and probably set up disease of a serious and lasting nature.

These spermatozooids, what are they? Not animals, certainly, as has long ago been shown. They are vital aggregations of molecules that enter the ovule probably through a special opening (micropyle), and there visibly melt down, as do the germinal vesicle and germinal spot of the egg, all mingling and disseminating throughout the yolk. (See Flint's Physiology, ed. 1876, page 890.)

If one were to imagine the Lord's Prayer etched on the head of a pin, it would suggest but a tithe of the idea entertained by modern physiologists regarding a spermatozoid. It is believed that in that moving entity, hardly $\frac{1}{100}$ of an inch long, are embodied molecules of the matter of not only every part and trait of the man who produced it, but of his line of ancestry as well, and that thus he transmits to his offspring his own and his family physical and mental characteristics. The same may be said of the ovule, $\frac{1}{100}$ of an inch in diameter, which the woman offers as her part of the new life. From this, which has been called the theory of pangenesis, one can readily conceive and explain much of that which follows conception. The child is the child of both. In the molecular war that was waged at the time of conception, certain qualities, as of sex and temperament, conquered and laid the foundation of the future. In one case the great physical vigor of one parent manifested in the semen or the egg, bound in subjection the physical weaknesses transmitted by the other, not destroying them, but leaving them latent, perhaps to show

themselves in a succeeding generation. In another case a low grade of physical vigor, transmitted by both parents, but too surely marks the offspring for phthisis or some kindred malady. So indefinitely could one multiply instances.

These are the topics for the Bradlaughs and Besants to study, for here will enlightenment be for the true benefit of humanity. Instead of telling the woman to buy a syringe and marry the man whom she fancies that she loves, let modern free thought elaborate and inculcate the only criterion by which marriage can be elevated from its present position as a risky lottery to a means for assuring long life, health, and happiness to man. The time may come when fathers and mothers will have less cause to pray that their cross be lightened, and when conception will be regulated for the good of the whole human family. The surest means to this end are not the syringe or condoms or Lilliputian caps, but a diffused knowledge of the laws of life and health, and especially of those pertaining to physiological matrimony.

The world has had one demonstration of the plan which the Bradlaughs and Besants would inculcate, and a sad demonstration it was. There *was* an age whose intellectuality, compared with that of the enlightened Caucasian of this century, was as much its superior as Caucasian intellectuality is the superior of African:* the golden age of ancient Greece. The age of art and literature, of grand men and brilliant women; but the age that scoffed at marriage and succeeded in choking out conception. And with what result? Aliens, rude and ignorant, sailors and adventurers, who sought with a view to gain, the land of whose royal splendor the world wondered, in a few short years thrust their children into the places of the noble, and Cleon the Leather-dealer succeeded Aristides the Just. As it has been so will it be. If means *are* attained by which a harmless prevention of conception can be compassed, it will find its votaries in the

higher walks; and the ignorant masses, ruled by superstition and the religion of fear, will fill the world with their coarse-fibered offspring.

E. R. PALMER.

Correspondence.

SYME'S AMPUTATION.

R. O. Cowling, M. D.:

Dear Doctor—As replies to your several interrogatories addressed to me, I very respectfully communicate the following, viz.:

1. *Manufacturers of artificial limbs*, without any exception, have been and continue opposed to the Syme invention and amputation at the ankle-joint (tibio-tarsal). Their special plea for opposing that operation is that the length of stump is excessive, which with its bulbous terminal base renders it incompatible with the construction and adaptation of their stereotyped and patented apparatus designed for leg-amputations at a given *place*, and therefore prejudicial to the patient. They being ignorant of the anatomy, structure, and functions of the stump of tibio-tarsal formation, can neither appreciate its advantage to the subject nor treat with appropriate compensative apparatus. Yet from such sources (I regret to have occasion to aver) not a few surgeons obtain their chief surgical rules concerning "places of election," disfavor of the Syme invention and of knee-joint amputation, and their favor of the most adverse apparatus. Science and the physical, moral, and social status of the subjects of amputation are thus ignored.

2. Prosthetic apparatus has been scientifically invented, skillfully adapted to the tibio-tarsal stump to compensate the loss of the foot, to represent the anatomy and functions of the foot, ankle-joint, continuity of leverage, base of support, elasticity, and to utilize the motor-power of the leg, and assure a vastly greater benefit to the subject than can possibly result when adapted to the amputated medio-tarsal (Chopart) stump of the

* Galton on Heredity.

foot or the ordinary stump of the leg, its peripheral parts, tuberosities, crests, redundant or insufficient covering, and oftentimes morbid condition of terminal tissues.

The apparatus as properly constituted and adapted to the Syme stump is artistic, natural in its movements, and in every respect practical and pleasing to the wearer, and contrasts wisely with the artless, anomalous appliances of the "manufacturers of artificial limbs." Not infrequently intelligent subjects of leg-amputations with very good stumps, when having an incidental opportunity to compare their occasion for an amputation and their condition with those of like occasion who had been favored by a Syme operation and its benefit, have expressed their *indignation at the surgery* they had suffered.

3. In no instance which has come to my observation have inflammation and ulceration occurred to the base of the stump of a tibio-tarsal amputation after the tissues were united healthily and were subjected to the same service as those of the natural heel; nor are there any existing histological data for the anatomist, physiologist, or pathologist by which they can reasonably be led to argue such a consequence. The condition of the stump, its capacity for any degree of service, have proved equal to the condition and capacity of the heel of the other limb.

The only annoyance which has occurred to a Syme stump has been effected by the neglect of the subject and the production of cicatricial incrustations, and consequent tenderness of temporary duration, which are quickly abated and prevented by a due observance of cleanliness and the inunction of animal oil.

4. The legitimate apparatus which has been accepted and proven to compensate, repair the loss of the foot by the Syme amputation, was devised and prescribed by myself, constructed and adapted under my personal supervision and dictation, to the first and second cases of Syme amputations performed in these United States in 1853-54 by Dr. John M. Carnochan and Dr.

Stephen Smith. Up to this time by no other has this prosthetic apparatus been superseded or equaled.

In Great Britain and Europe the *bucket-appliance* (occasionally with plantar plate for form) has constituted the ultimate surgical device to compensate the tibio-tarsal amputation.

5. The Syme invention (amputation at the ankle-joint) has been accepted and practiced with continuous increase of favor by a large number of the most enterprising, inventive, and dexterous surgeons of New York city and of many parts of this country.

In the early part of the late war a strong official influence was issued against the Syme operation in favor of the Pirogoff modification, which for a season diverted some surgeons from the former to the latter variety of operations. At the present time I have occasion to know that but few surgeons adhere to and practice the bi-sectional calcaneo-tibial amputation of M. Pirogoff; and that the Syme invention is having the favor of the investigating and progressive members of the profession, as being the easiest to perform, the most successful, the most scientific and beneficial in the ultimate results to the patient.

In the adoption of the Syme improvement I think that the wisdom and humanity of the teachers and practitioners of operative surgery will ever be justified.

6. For two centuries preceding the Syme invention it had been the honorable intent and practice of the more distinguished surgeons of Europe, in their amputations of the leg and thigh, to preserve and secure fibro-elastic covering and cushion for the base of the stumps for support, and the adjustment of the *leather bucket* and "*peg-leg*" apparatus. For unsuccessful cases insufficient covering of the base of the stumps for support, leather sockets, bands, and straps for peripheral application and support (to thigh-stumps), with a peg-leg and wooden leverage, were appended, while in some instances an apology for an artificial leg was substituted.

Peripheral adjustment of apparatus to amputated limbs is not of American origin. The method of such application of limbs has been vastly improved in the United States, and mostly superseded the European practice of making the ends of well-formed stumps the bases of support. The "*places of election*" which have been prescribed for amputations of the inferior extremity have been observed for the special advantage to be gained with apparatus adjusted to the peripheral part of the stumps for support.

The quality and capacity of the stump, its leverage, axis as base of support, covering cushion, correlation of muscles, their terminal, and motor-power, had been overlooked—ignored—by the profession in this country, and any surgical operation at either the ankle- or knee-joint deemed extremely hazardous prior to the invention of Mr. Syme.

7. Mr. Syme observed with intense interest the practical benefit which the subject of a thigh- or leg-amputation derived from the stump, with a well-cushioned end or base, sufficient to serve for main support in the application and use of such compensative apparatus as were furnished at the time. That his observations and philosophical mind led him to deduce and invent the tibio-tarsal amputation to assure to its subject the greatly superior advantage afforded by the entire length of the tibia for leverage, its articular end with tegumentary tissues of the heel for cushion and base of support, I consider to be rational to infer.

The invention has proved to be a magnificent success, and justifies the averment of Mr. Fergusson, that "it is one of the greatest improvements of modern surgery as regards the subject of amputation." It demonstrates the inventive wisdom of Mr. Syme in his practice of surgery for the physical, moral, and social well-being of his patients.

For every *practical and social interest* Mr. Syme judged wisely, and the tibio-tarsal amputation should ever more supersede any

important amputation of the foot, save the Lisfranc's, and be a guaranty to the *entire leg*, in every time, on every occasion, when the surgeon has a choice of site.

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Miscellany.

ON THE CAUSE OF SLEEP.—Dr. W. Preyer, Professor of Physiology at the University of Jena, at the late meeting of the International Medical Congress, in a paper which he read on the above subject, presented the following conclusions:

1. The researches which I have made on this subject lead to the following conclusions. Natural, periodical sleep is a condition totally different from pathological or artificial conditions resembling it, such as somnolence, coma, asphyxia, and narcosis.

2. Natural sleep has often been confounded with these states. The chief difference will be found in the circumstance that natural sleep is always preceded by some fatigue of muscles, organs of sense, or brain.

3. No mental phenomenon can manifest itself unless the brain be supplied with a certain amount of oxygen. The latter is carried to the brain by blood-vessels. Whenever the ganglionic brain-cells receive a diminished quantity of blood, cerebral action is suspended as it is during sleep.

4. Now, as the brain of a sleeping animal receives as much blood as it does when the animal is awake, we are compelled to infer that the influences of oxygen on the waking and the sleeping brain are different.

5. During an active condition of mind or body certain substances are brought into existence which are not found (or, at all events, very sparingly) during a state of rest—lactic acid, for example, and creatine. These latter substances may accumulate in the blood, and as they have a great affinity for oxygen they appropriate a principle required for active exertion. The first stage of this accumulation characterizes fatigue; the second

stage gives rise to sleep; the third stage, when oxidation has been completed, is followed by awakening.

6. In a word, the products of muscular work, especially lactic acid, when artificially introduced into the system, are capable of inducing a sense of fatigue and even sleep, when all external causes of excitement are removed.

7. It may, and often does, happen that the artificial introduction of lactic acid or the lactates is not followed by the effects just mentioned. Such cases require a careful study of various influences before they can be explained; but I maintain that they do not shake, much less overthrow, the foundation of my theory.—*Medical Examiner*.

A SQUARE meter of the wall of a surgical ward in the Paris Hospital la Pitié was washed—an operation that had not been performed during two years previously—and the liquid wrung out of the sponge was immediately examined. It contained micro-cocci in abundance, some micro-bacteria, epithelial cells, pus-globules, and ovoid bodies of unknown nature. The sponge used was new, and had been washed in distilled water.—*Popular Science Monthly*.

DEATH-BED STUDIES.—Dr. Holbrook, writing to the Medical and Surgical Reporter, says: "Your editorial on death-bed studies calls to my mind a statement recently made to me by Mrs. E. M. Saxton, a lady now living in New Orleans, and highly respected for her literary and social virtues. She states that when she was a young girl, in her teens, she dreamed one night that her dead uncle Lawrence and her own mother came to her, and the uncle said he was coming to take her stepmother away with him. The stepmother was then in good health. She was so impressed with the thought that it woke her up, and she jumped out of bed in her night-dress and ran to her father to tell him of it. The father scolded her so hard, and seemed so vexed, that he ordered her never to mention the matter again. In a

day or two after this the stepmother, while with an excursion party, met with an accident which caused her death. When dying she exclaimed, "See! uncle Lawrence has come for me!" Mrs. Saxton is sure the stepmother did not know of the dream, and that it was a real vision to her. Suppose you ask your readers to report cases which have a similar bearing."

PROFESSORIAL LONGEVITY.—The following interesting item is furnished by Professor L. A. Dugas to the New Orleans Medical Journal: "In 1832 the Medical College of Georgia was organized by six professors, four of whom are still holding professorships, having delivered their forty-fifth course of lectures last winter. These are: Lewis D. Ford, M. D., LL. D., Professor of Practice; Joseph A. Eve, M. D., Professor of Obstetrics; Louis A. Dugas, M. D., LL. D., Professor of Surgery; Paul F. Eve, M. D., Professor of Surgery."

THE VALUE OF COLLEGE-PROPERTY.—The Nashville Journal of Medicine thus records the burning of the Universities of Nashville and Vanderbilt: "A serious fire came near destroying the college-buildings the other night, originating, doubtless, from a lighted cigar being thrown upon the floor. Damages amounted to \$50."

DISPATCHES from Lourdes are printed every day in the Paris Univers, with such headings as "Three more miracles before midday," "Six more cures effected," and "Four new cases;" and then follow the names and addresses of those represented as cured, and descriptions of their ailment.—*Philadelphia Reporter*.

PRINCESS LOUISE, of Lorne, when she leaves London, orders that the milk from two cows belonging to her shall be given daily to the Victoria Hospital for Children, of which hospital Her Royal Highness is patroness.

ERASMUS WILSON, the skin-man, pays the expense of setting up again Cleopatra's needle in London.

HAYS' Journal goes into its fifty-first year with October with eye-sight undimmed.

Selections.

On Rupture of the Membranes in Labor.—

Dr. William Stevenson, Professor of Midwifery in the University of Aberdeen, in an article in the British Medical Journal proceeds to discuss the diagnosis of the conditions which warrant us in having recourse to rupture of the membranes before the full dilatation of the os. The first point is the determination of the degree of expansion of the lower uterine segment. We have seen that the size of the external os is no criterion of expansion. The os, in fact, may be very small, and yet expansion may be complete. It is by the internal os that we can best judge; but this is hard to reach, and difficult to determine its exact site. There is one means, however, of ready access, whereby we can form a proximate opinion; it is the degree of dilatation or updrawing of the vaginal cul-de-sac. This is a point which has been entirely left out in the consideration of the progress of the first stage. It is a matter of common experience to find, in the class of cases where we feel something is required to promote a labor with tardy dilatation of the os, that the upper part of the vagina is well expanded and drawn up, greatly increasing the perceptible diaphragm of the cervix, which alone obstructs the continuity of the developed canal. Now, we know that the longitudinal muscular fibers of the vagina run upward, and are continuous with those of the body of the uterus, and that the attachments of the uterus in their upper portion correspond with the internal os. This portion, then, can not undergo expansion without carrying with it the tissues which are in connection therewith. Consequently, we find that as the first stage of labor advances the upper part of the vagina is dilated until it seems to coincide pretty closely with the upper part of the bony canal. When, therefore, a considerable portion of the lower segment of the uterus can be felt in the vagina, and not merely through its walls, expansion is certain to be complete, whatever may be the size of the parturient ring; and the tissues composing it are those of the cervix proper, and not the uterus. Under such circumstances I believe the membranes may be ruptured with advantage. It is, however, unnecessary in many cases to wait for the full develop-

ment of the condition above described. I have taken the extreme state, as being most readily understood and indicating the direction in which our observations should be made.

Another class of cases, or it may be only an additional character to those of the first, are where the action of the uterus seems to be effecting not steady dilatation, but extreme thinning of the tissue of the cervix; and also where the head is felt to be in close contact with the parturient ring, there being little or no bag of waters.

The next point to be considered is the quantity of liquor amnii; not the actual quantity, as is generally referred to when speaking of it being present in excess, but the proportion its amount bears to the size of the child, and also to the capacity of the amniotic sac. This latter is rarely quite filled; otherwise it would remain much more tense than it usually does in the intervals between the pains. If it be nearly or entirely distended, it will interfere with the power of restitution of form, by preventing alteration in the form of the uterus, and consequent action on the fetus, even though the actual quantity of waters is not greater than ordinary. In this circumstance it must be regarded as really in excess, quite as much as where there is excess in actual quantity. Undue tension, therefore, of the membranes during a relaxed state of the uterus must be regarded as unfavorable to the mechanism of labor, and as warranting an earlier rupture of the membranes than under other circumstances.

The liquor amnii must also be considered in excess, irrespectively of actual quantity, if it be unduly great in proportion to the size of the child. Here, again, it interferes with the action of the force which restores form, or the axial force. If, therefore, the parts of the child be not recognized externally with ordinary facility during a relaxed state of the uterus; if ballottement be unusually facile, and especially can be felt during a pain, the probability is that there is a true excess of liquor amnii; and this condition would fully warrant the rupture of the membranes before the full dilatation of the os, the other conditions being favorable to the operation—*Philadelphia Reporter*.

A new Operation for Prolapse of the Uterus.

In a paper read at a late meeting of the Société de Chirurgie (*Annales de Gynecologie*, April, 1877) M. le Fort describes a new operation, invented by himself, for the cure of prolapse of the uterus and vagina. Against the operation of anterior colporrhaphy, as practiced by Marion Sims or Emmet, there are the objections that it is long and difficult of execution, being performed through the speculum. Complete, or almost complete, closure of the vulva is put out of the question, because it forms a bar to coitus;

and the operation performed by Simon, by which the vulvar orifice, as well as the posterior vaginal wall, is narrowed, has been shown by experience to be not without certain dangers. The author observes that the first stage in prolapse is almost always a cystocele, and that the anterior and posterior vaginal walls are gradually rolled out and separated from each other, thus allowing the parts above to descend. The proceeding which he recommends is therefore to vivify a longitudinal strip on the anterior and posterior vaginal walls, and to unite these by sutures. The strips are vivified while the parts are external; the upper suture is tied first, and the uterus and vagina are gradually restored to position as the threads are successively tightened. A longitudinal septum is thus produced in the vagina; but the author contends that this is free from objection, since experience has shown that in cases of double vagina where such a septum naturally exists, there is no impediment to coitus or even to parturition.

A case is related in which the operation was performed upon a woman forty-eight years old, who had suffered from complete prolapse for six months. The vagina was entirely inverted, the bladder forming part of the tumor, and the sound passed seven centimeters. In passing the sutures the ends of the threads were left long, and by this means they were removed after the loops had cut through the tissues inclosed. Union was complete, and the result was entirely satisfactory as to the cure of the prolapse; but a second operation was performed six weeks later for the restoration of the damaged perineum.—*Obstetrical Journal of Great Britain.*

Diagnosis of Amenorrhœa.—Never forget that you may have to deal with a case of pregnancy. Having excluded this condition, you may proceed to diagnose the form of amenorrhœa present. Is it primitive or acquired? If primitive, is the discharge absent, scanty, or irregular? The most common cause of this condition is an imperfect development of the uterus. A few cases are due to anæmia or some affection of the general health. The uterus is not very small; evolution has proceeded to the verge of completion, and then failed. The uterus is two inches in length, or perhaps rather more, and its volume is smaller than that of a well-developed healthy organ. It is frequently, though not always, slightly anteverted; it may be retroverted. The vagina may be shorter than natural. If acquired, examine into the history. Was the condition brought on suddenly or gradually? The state of the general health will guide you. Look for anæmia, scrofula, lung, kidney, liver, or other chronic disease. Examine the state of the general development. The body and the breasts may be well formed when the uterus is small. The state of the pelvic organs can be discovered by

vaginal examination only. The most frequent causes of suppression are disorders of the general health. You should always look for them.

In a patient above twenty years of age, and in whom the function has never been performed, and no molimen present, the general health being good, prognosis is bad for the appearance of the flow; when the uterus is small it is bad for the flow, but favorable to the general health. When the flow is scanty, and has been so for years, it is, as a rule, bad for improvement and bad for the general health. The same may be said of irregular flow. Sudden suppression during a flow may prove fatal in the course of a few days. It may, however, entail no permanent evil result. The general health may be affected simultaneously with the suppression and by the same cause, and then the general symptoms and amenorrhœa are both results of the same cause. When the suppression has occurred during an interval, as through change of residence or too frequent sea-bathing, there is no necessary impairment of the general health. The flow may never return, but the amenorrhœa has no evil consequences. Amenorrhœa from an over-involution has proved amenable to treatment.—*Dr. John Williams, in London Lancet.*

Treatment of Amenorrhœa.—In many cases you will not succeed in establishing menstruation, and indeed you should not endeavor to do so by any direct or local treatment. You should remember that menstruation is a function performed during a part of life only, and that it is not necessary either to life, health, or fertility. In all cases attend first of all to the general condition. No efforts should be made at establishing the monthly hemorrhage until health is more or less good. When serious organic affections, as phthisis, Bright's disease, etc., are present the treatment should be exclusively directed to their cure, and no attempt should be made to induce menstruation. When the general health is good even you should refrain from direct treatment of the amenorrhœa if there be no efforts at menstruation, for by partial success you may render intolerable a life which otherwise would have been free from suffering. These rules are applicable to all cases of amenorrhœa.

Let us now briefly refer to the different forms of amenorrhœa.

Menstruation is and always has been absent.—The great majority of cases of this class which will come under your observation will be young girls between sixteen and twenty years of age. Many of them will suffer from anæmia and disorders of the digestive organs. Your first object should be to treat these conditions, and by the time they are cured menstruation will probably be established. Time will indeed come to your help. Such cases are instances of late

or tardy evolution of the generative organs. The form and figure may be well developed, but the uterus grows slowly, and the treatment consists in waiting and adopting all means that favor its growth. There will, after all, remain a few—very few—in which the discharge will not make its appearance. In these it will be found that the uterus is small, and the best treatment is non-interference.

Menstruation is scanty or irregular.—If it be due to an undeveloped condition of the uterus, and if it be accompanied by no pain, the general health being good, it requires no special treatment. General means which favor physical development, as exercise of all kinds, may be recommended. If the scanty or irregular menstruation be accompanied by pain, it comes under the head of dysmenorrhœa, where I shall speak of it. If the uterus have attained its full size you will in almost all cases—in all cases that require treatment—find a disordered state of the general health. The most common condition is anemia. In such cases you should regulate the bowels, for there is generally constipation. Give iron, iodine, salines; good diet, fresh air, and exercise in the open air are essential. Exercises of all kinds are good—riding, walking, swimming, dancing. If the monthly molimen be present, emmenagogues may be prescribed. Emmenagogues should never be administered when indications of ovarian and uterine action are absent. The medicines supposed to have a direct action in bringing on the menses are numerous, but few of them are of much or even of any value. The best are electricity, aloes, and the stimulating diuretics—nitrous ether, spirits of juniper, and oil of turpentine. Hot hip-baths for five or six nights in succession before the expected return of the molimen are useful. Guaiacum, ergot of rye, oil of savin, cantharides, have proved successful in the hands of some. Dr. Athill recommends the cold hip-bath for eight or ten evenings in succession before the expected time.

Suppression of the menses.—When the suppression has taken place suddenly during a menstrual flow the patient should have a hot bath, go into a warm bed, and take a dose of Dover's powder. A stimulating diuretic or a diaphoretic should be at the same time prescribed. Should fever, heat in the skin, vomiting, pain in the abdomen, and symptoms of local inflammation or of general peritonitis set in they should be treated irrespective of the suppression. If the flow is not re-established, the case becomes one of chronic suppression.

Chronic suppression.—The general health should be attended to, and if menstrual molimena be present they should be encouraged and efforts made to establish the flow by the means already enumerated. If molimen be absent, you should limit your aid to the treatment of the general health.—*Dr. John Wilson, in London Lancet.*

Analyses of Patent and Secret Remedies.—

The *Industrie Blätter*, of Berlin, edited by Dr. E. Jacobsen having offered to analyze *gratis* any patent medicines sent to them in the original packages, the analyses of over eleven hundred such preparations, made by Drs. Hager, Wittstein, Rose, Chandler, Reveil, and others, have been collected together by E. Hahn, and published in book form. The following is the presumed composition of some preparations well known in this country, taken from a larger number given in the Scientific American:

Dr. Pierce's Golden Medical Discovery.—A one-dollar bottle holds 220 grains of a brownish colored clear liquid, consisting of 15 grains of pure honey, 1 grain of extract of poisonous or acrid lettuce (*Lactuca virosa*), 2 grains of laudanum, 100 grains dilute alcohol (64 per cent, tasting like fusel oil and wood spirit), with 105 grains of water.

Asthma Pastilles (Daul, White & Co., New York), according to analyses of Dr. Flick, contains 20.1 per cent saltpeter, 3.5 per cent impure resin of scammony, 35 per cent gum and sugar, 40 per cent charcoal powder, leaves, and stems of some plants.

Ayer's Pills consist of pepper, colocynth, gamboge, and aloes.

Ayer's Hair Vigor.—A solution of 0.6 per cent sugar of lead.

Horsford's Baking Powder.—One powder contains acid phosphate of lime and magnesia, mixed with a certain quantity of flour; the other is bi-carbonate of soda.

Brandeth's Pills, says Dr. Hager, consist of gamboge, podophyllin, inspissated juice of phytolacca, saffron adulterated with yellow root, pulverized cloves, and oil of peppermint.

Dr. Brown's Chlorodyne contains 5 parts of concentrated muriatic acid, and 10 parts each of ether, chloroform, tincture of cannabis indica, and tincture of capsicum, 2 parts each of morphia and hydrocyanic acid, 1 part oil of peppermint, 50 parts simple syrup, and 3 parts each of tincture of hyoscyamus and tincture of aconite.

Tobias's Condition Powders contain, says Schädler, 2 grammes of tartar emetic, 20 grammes of black sulphide of antimony, 10 grammes of sulphur, 40 grammes of foenum græcum, and 20 grammes of juniper berries.

Hamburg Tea contains 22 parts of senna leaves, 16 parts of manna, 8 parts of coriander, and 1 part of tartaric acid, ground up together.

Dr. Sage's Catarrh Remedy, says Schädler, contains 0.5 grammes of carbolic acid, 0.5 grammes of camphor, and 10 grammes of common salt, which are to be dissolved in $\frac{1}{2}$ liter of water and injected into the nostrils.

Schenck's Mandrake Pills.—Hager says that these pills contain no mandrake. They do contain the

constituents of cayenne pepper, a bitter extract, and some vegetable powder containing tannin.

Bishop's Granular Effervescent Citrate of Magnesia.—According to Löhlin this contains neither citric acid nor magnesia, but is merely a mixture of bicarbonate of soda and tartaric acid.

R. R. R. consists of a reddish yellow liquid which smells of ammonia and camphor. contains 14 parts of soap, 40 parts of ten per cent ammonia, 640 parts of alcoholic extract of cayenne or Spanish pepper, 4 parts of camphor, and 2 parts of oil of rosemary.

Mrs. Winslow's Soothing Syrup consists, says Hager, of 8 parts of white simple syrup mixed with 1 part of a tincture made by extracting 10 parts of freshly crushed fennel seed and 1 part of oil of fennel with 60 per cent spirits.

Szodont.—This reddish liquid consists of a solution of 5 grammes of oil soap in 6 grammes of glycerine, 30 grammes of spirit, 20 grammes of water, perfumed with a few drops of oil of peppermint, oil of cloves, oil of cinnamon, and oil of anise colored with cochineal. The powder is a mixture of carbonate of lime, magnesia, and orris root.

Worm Lozenges contain 1 part of calomel, 6 parts of santalin, and 290 parts of sugar.

World's Hair Restorer contains, says Wittstein, 5.6 grammes of sulphur, 8 grammes of sugar of lead, 100 grammes of glycerine, and 200 grammes of aromatic perfumed water.—*New Remedies.*

Insomnia and its Treatment.—In the numbers of the Archives Générales de Médecine for May and June, 1877, appears an article upon this subject by Dr. Willemin. It consists of a careful compilation of the views of different writers on insomnia. The question is treated under three heads: 1. The Physiology of Sleep; 2. The Causes of Insomnia; 3. The Treatment of Insomnia. The general conclusions from the whole article are as follows:

1. Sleep is the result of a diminution of cerebral cell-activity, induced by the fatigue or exhaustion following mental or bodily exertion. These physical conditions modify the vaso-motor system; the afflux of blood to the brain is reduced, and a condition of temporary anæmia takes place. The cerebral activity is thus diminished and sleep follows, during which the nervous elements are repaired.

2. The cause of insomnia is a persistent abnormal activity of the cerebral nervous elements due to some internal or external irritation. It may also be attributed to active congestion of the brain, which causes abnormal functional activity of its cellular substance.

3. Insomnia may also be the result of a peculiar nervous condition, associated with general anæmia,

in which, owing to changes in the nervous elements, there is a modification in the circulation of the brain.

4. In the treatment of insomnia it is important to first ascertain its cause. Slight cases are usually successfully treated by general hygienic measures.

5. Insomnia occurring during acute or chronic maladies can not, as a rule, be rapidly relieved. Therefore, while waiting the recovery of the disease, the symptom is to be treated with hypnotics, at the head of which is opium and its alkaloids.

6. Morphia is the most somniferous principle of opium. Narcein and codeine, although less active in this respect, leave fewer traces of headache and malaise. Opium preparations are more particularly useful in insomnia associated with pain. They are contra-indicated when there exists any cerebral congestion.

7. Bromide of potassium has a much less powerful hypnotic action than opium. Its use is indicated in those cases due to excitement of the cerebral circulation, in which opiates are useless and injurious. It has been employed successfully as a calmative in children. It is contra-indicated in cases of marked anæmia.

8. Sulphate of quinine, like the bromide, appears to exercise the action of relieving the congestion of the cerebral nervous elements.

9. Hydrate of chloral is an excellent hypnotic in almost all cases of insomnia; but it is to be given with caution to persons suffering from dyspnoea, cardiac affections, or great debility.

10. The insomnia of old persons or patients suffering from great debility or anæmia is sometimes successfully treated by tonics, stimulants, and hydro-pathy.—*Medical and Surgical Reporter.*

Collodion Flexile in Eczema.—Henry Lawson, M. D., Assistant Physician to St. Mary's Hospital, reports two bad cases of eczema—one of the genitals and the other of the head—completely cured in a relatively short space of time by flexible collodion. The collodion was liberally painted in successive layers; and Dr. Lawson believes that the artificial covering which it formed completely prevented the action of the air on the Malpighian layers of the epidermis, and thus allowed the upper layers to be formed beneath its protective influence.—*American Journal of the Medical Sciences.*

Tannin as a Deodorizer of Iodoform.—Dr. J. R. Cole, Hot Springs, Ark., writes as follows to New Remedies: "Having accidentally discovered that tannin will deodorize iodoform, I take pleasure in making known the fact to you, and through you to the profession. I use it in equal parts as an application to chancroids and to old, offensive ulcers."